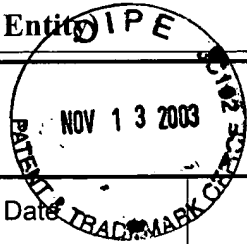


#11

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
(Large Entity)

Docket No.
4296-144 US

In Re Application Of:
HIRAO et al.



Serial No.
09/919,024

Filing Date
July 31, 2001

Examiner
OH, Taylor Victor

Group Art Unit
1625

Invention:
METHOD FOR STARTING UP REACTOR

TO THE COMMISSIONER FOR PATENTS:

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of April 9, 2003 above-identified application.
Date

The requested extension is as follows (check time period desired):

- One month
- Two months
- Three months
- Four months
- Five months

from: July 9, 2003 until: October 9, 2003
Date *Date*

The fee for the extension of time is **\$950** and is to be paid as follows:

- A check in the amount of the fee is enclosed.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. **13-2165**
- If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. **13-2165**

Signature

Dated: November 10, 2003

Diane Dunn McKay, Esq.
Reg. No. 34,586
Mathews, Collins, Shepherd & McKay, P.A.
100 Thanet Circle, Suite 306
Princeton, NJ 08540
Tel: 609 924 8555
Fax: 609 924 3035

Adjustment date: 11/14/2003
AWONDAF1 00000145 09919024
FC: 1253
-950.00 OP
Repl. Ref: 12/02/2003 AKELLEY 0008513000
DAH: 2165 Name/Number: 09919024
FC: 1253 -950.00 CR

RECEIVED

NOV 14 2003

OFFICE OF PETITIONS

I certify that this document and fee is being deposited on Nov. 10, 2003 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature of Person Mailing Correspondence

Diane Dunn McKay
Typed or Printed Name of Person Mailing Correspondence

11/15/2003 AWONDAF1 00000145 09919024

03 FC:1253

950.00

CC:

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | |
|---|-----------------------------------|---|-----------------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>12/1/03</u> | | 2 Serial/Patent # <u>09/919,024</u> | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | | | | | | | |
| | Filing | | \$ | | | | | | | |
| | Amendment | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Extension of Time | 11 | 11/13/03 \$950 — | | | | | | | |
| | Notice of Appeal/Appeal | | \$ | | | | | | | |
| | Petition | | \$ | | | | | | | |
| | Issue | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | \$ | | | | | | | |
| | Maintenance | | \$ | | | | | | | |
| | Assignment | | \$ | | | | | | | |
| | Other | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | \$950 — | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | |
| | | Treasury Check | | | | | | | | |
| | | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | | | | | | | |
| | | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table> | | 1 | 3 | -- | 2 | 1 | 6 | 5 |
| 1 | 3 | -- | 2 | 1 | 6 | 5 | | | | |
| 10 REASON: | | | | | | | | | | |
| | Overpayment | | | | | | | | | |
| | Duplicate Payment | | | | | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | |
| <i>EOT is unnecessary</i> | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>E-Tannou</u> | | TITLE: <u>Pat. Atty</u> | | | | | | | | |
| SIGNATURE: <u><i>[Signature]</i></u> | | PHONE: <u>306 4200</u> | | | | | | | | |
| OFFICE: <u>4700</u> | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | |
| APPROVED: <u><i>[Signature]</i></u> | | DATE: <u>10/2/03</u> | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**